

Please refer to the instructions for filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
Date Received
(For Official Use Only)
AUG 03 1996

OFFICE OF RCRA

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number:

ILR0000025395

II. Name of Installation (Include company and specific site name)

I L D O T B R G L 0 8 2 E - 0 0 0 5

III. Location of Installation (Physical address; not P.O. Box or Route Number)

Street:

F A I R T E 5 5 - 7 0

Street (continued):

City or Town:

E S T L O U I S

State:

ZIP Code:

I L 6 2 2 0 5 -

County Code: County Name:

1 6 3 S T C L A I R

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box:

1 1 0 0 E A S T P O R T P L A Z A D R I V E

City or Town:

C O L L I N S V I L L E

State:

ZIP Code:

I L 6 2 2 3 4 - 6 1 9 8

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last):

K L O H R

(first):

D L

Job Title:

D I S T R I C T E N G

Phone Number (area code and number):

6 1 8 - 3 4 6 - 3 1 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address:
Location: Mailing:

B. Street or P.O. Box:

City or Town:

State:

ZIP Code:

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner:

I L D E P T T R A N S P O R T A T I O N

Street, P.O. Box, or Route Number:

1 1 0 0 E A S T P O R T P L A Z A D R I V E

City or Town:

State:

ZIP Code:

C O L L I N S V I L L E

I L 6 2 2 3 4 - 6 1 9 8

Phone Number (area code and number):

B. Land Type:

C. Owner Type:

D. Change of Owner:

(Date Changed):

Indicator:

Month Day Year

- 2 -